

D-2441 Child and Dependent Care Credit for Part-Year Residents



Important: Calculate your federal child and dependent credit first. Print in CAPITAL letters using black ink. Leave lines blank that do not apply to you.

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Name as shown on Form D-40		Your social security number			
Qualifying dependents Complete for all q	qualifying individuals for whom you o	laimed expenses on your federal Fo	orm 2441.		
First name	M.I. Last nam	9			
Social security number R	Relationship to you				
Lived in your household From To (MM/D	DD/YY)				
First name	M.I. Last nam	9			
Social security number R	Relationship to you				
Lived in your household From To (MM/D	DD/YY)				
First name	M.I. Last nam	9			
Social security number R	Relationship to you				
Lived in your household From To (MM/D	DD/YY)				
First name	M.I. Last nam	9			
Social security number R	Relationship to you				
Lived in your household From To (MM/D	DD/YY)				
First serve	M.L. Look norm				
First name	M.I. Last nam				
Social security number R	Relationship to you				
	iolationip to you				
Lived in your household From To (MM/D	DD/YY)				
DC 4 ¹²					
DC credit Enter period you were a DC resident in 20	003. (MM/DD) From	То	Round cents to the nearest dollar. If the amount is zero, leave the line blank.		
1 Total 2003 employment-related de or total expenses paid from side 2 (of this		federal Form 2441, Line 15	1 \$.00		
2 Employment-related dependent care expenses paid in 2003 while you were a DC resident			2 \$.00		
3 Divide line 2 amount by Line 1. (This will be a decimal number, for example: 0.55.)			3 0.		
4 DC dependent care credit Multiply your allowable federal credit (2441, Line 9 or 1040A, Sch. 2, Line 9) x .32			4 \$.00		
5 DC part-year dependent care credit Multiply Line 4 by Line 3. Enter amount on line 25 of Form D-40.			5 \$.00		

ATTACH THIS FORM TO YOUR FORM D-40.

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Enter your last name.	Enter your social security number.			
Dependent care expenses Complete for all people	e or organizations who provided care during 2003 so	that you could work	Round cents to	
Name	From (MM/DD)	To (MM/DD)	the nearest do Amount paid	.00
Address	Social security or Fe	Social security or Fed. employer ID		
If an individual, identify their relationship to you			_	
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID		100
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID]	.00
If an individual, identify their relationship to you				
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID]	100
If an individual, identify their relationship to you			1	
Name	From (MM/DD)	To (MM/DD)	Amount paid	.00
Address	Social security or Fe	ed. employer ID		.00
If an individual, identify their relationship to you				
6 Total expenses paid			\$.00

Who can use the Form D-2441?

You must meet **all** of the following requirements to use this form:

- You are a part-year resident of DC
- You are filing a part-year D-40 return
- You were eligible to claim the child and dependent care credit on your federal return

If you are a <u>full-year resident</u> of DC, do not file this form — file Form D-40 to claim this credit.